Application or Docket Number

09/603775

CLAIMS AS FILED - PART I

FOR	NUMBER FILED (Column 1)		NUMBER EXTRA (Column 2)
BASIC FEE			
TOTAL CLAIMS	204	minus 20=	* 184
INDEPENDENT CLAIMS	15	minus 3 =	* 12
MULTIPLE DEPENDENT CLAIM PRESENT			

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE		RATE	FEE
	345.00	OR		690.00
X$ 9=		OR	X$18=	3312
X39=		OR	X78=	936
+130=		OR	+260=	
TOTAL		OR	TOTAL	4938

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

		CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

BEST AVAILABLE COPY

AMENDMENT B

		CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

		CLAIMS REMAINING AFTER AMENDMENT (Column 1)		HIGHEST NUMBER PREVIOUSLY PAID FOR (Column 2)	PRESENT EXTRA (Column 3)
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

NOTICE OF FILING / CLAIM FEE(S) DUE
(CALCULATION SHEET)

APPLICATION NUMBER: _____

Total Fee Calculation

	Fee Code	Total # Claims	Number Extra	X	Fee		Total
	Sm./Lg				Sm. Entity	Lg. Entity	
Basic Filing Fee	201/101				_____	690	_____
Total Claims >20	203/103	204	-20 · 184	x	_____	18	_____
Independent Claims >3	202/102	15	-3 · 12	x	_____	78	_____
Mult. Dep Claim Present	204/104				_____		_____
Surcharge	205/105				_____	130	_____
English Translation	139						_____

TOTAL FEE CALCULATION

5068

Fees due upon filing the application

Total Filing Fees Due = $ _____5068_____

Less Filing Fees Submitted   . $ _____—_____

BALANCE DUE   = $ _____5068_____

_____
Office of Initial Patent Examination

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)